

PTO/SB/31 (98-03)
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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCE  |  | 1 102.0010                              |                            |  |  |
|---|--|---|----------------------------|--|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail      | In re Application of<br>Steven L. Eikenberg  |   |                            |  |  |
| in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on   | Application Number 09/828,601  |   | Filed<br>4/6/2001          |  |  |
| Signature   | For EASY ACCESS DENTAL FIELD OPERATING AND TREATMENT SYSTEM HAVING OVER-THE-PATIENT DELIVERY |   |                            |  |  |
| Typed or printed name   | Art Unit E   |   | aminer<br>elba Bumgarner   |  |  |
| Applicant hereby appeals to the Board of Patent Appeals and Interfere   | ences from the la  | ast decision of the                     | e examiner.                |  |  |
| The fee for this Notice of Appeal is (37 CFR 1.17(b))   |  |   | \$ _ 330.00                |  |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore by half, and the resulting fee is:   | ore, the fee shov  | n above is reduc                        | ed<br>\$                   |  |  |
| A check in the amount of the fee is enclosed.   |  |   |                            |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |  |   |                            |  |  |
| The Director has already been authorized to charge any fees in I have enclosed a duplicate copy of this sheet.                                      | this application   | to a Deposit Acco                       |                            |  |  |
| The Director is hereby authorized to charge any fees which may be to Deposit Account No. 21-0380 . I have enclose By permission of Elizabeth Arwine | e required, or cre<br>ed a duplicate co  | edit any overpaymo<br>py of this sheet. | RECEIVED JUN 0 7 2004      |  |  |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  TECHNOLOGY CENTER R.  |  |   |                            |  |  |
| WARNING: Information on this form may become public. Crebe included on this form. Provide credit card information and                               |  |   |                            |  |  |
| 1 am the applicant/inventor.  | 1,   | 0.5                                     | B.12.                      |  |  |
|   | <del>-V</del>  |   | Signature                  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                            |  | William E. B<br>Typed o                 | radley<br>or printed name  |  |  |
| X attorney or agent of record. Registration number 42,355   |  | 202-33°                                 |                            |  |  |
| attorney or agent acting under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a).   |  | гегер                                   | hone number                |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the Submit multiple forms if more than one signature is required, see be            |  | r their representa                      | Date tive(s) are required. |  |  |
| X *Total of 1 forms are submitted.  |  | <del></del>                             |                            |  |  |

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)

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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 330.00

| Complete if Known    |              |  |  |  |
|----------------------|--------------|--|--|--|
| Application Number   | 09/828,601   |  |  |  |
| Filing Date          | 4/6/2001     |  |  |  |
| First Named Inventor | Eikenberg    |  |  |  |
| Examiner Name        | M. Bumgarner |  |  |  |
| Art Unit             | 3732         |  |  |  |
| Attorney Docket No.  | 182 0016RCF  |  |  |  |

| Check   Credit card   Money   Other   None   None   Composit Account   21-0380   Check   Code   61   Code   63   Code   63   Code   63   Code   63   Code   64   | METHOD OF PAYMENT (check all that apply)                          | FEE CALCULATION (continued) |           |           |             |  |            |
|--|---|-----------------------------|-----------|-----------|-------------|--|------------|
| Deposit Account   21-0380   1051   130   1052   2051   65   5   5   5   5   5   5   5   5  | Check Credit card Money Other None                                |                             |           |           |             |  |            |
| Deposit   Account Number   Account Num   | X Deposit Account   | Fee                         | Fee       | Fee       | Fee         |  | Paid       |
| Deposit   Account   U.S. Army  | Deposit   |                             |           |           |             |  | <u> </u>   |
|  |   | 1051                        | 130       | 2051      | w           | Suicharge – late filling lee or oath       |            |
| The Director is authorized to: (check all that apply)   The Director is authorized to: (check all that apply app   |   | 1052                        | 50        | 2052      | 25          |  |            |
| Charge fee(s) indicated below  |   |                             |           |           |             | cover sneet                                |            |
| Charge any additional facts) or any underpayment of feets)   1804   920*   1805   1,840*   1,84   |   |                             | 130       | 1053      | 130         | Non-English specification                  |            |
| Charge Feets) indicated below, except for the filling fee to the above-identified deposit account.   |   | 1812                        | 2,520     | 1812      | 2,520       |  | $\Box$     |
| Second   S   | <u></u>   | 1804                        | 920*      | 1804      | 920*        |  |            |
| Total Claims   |   | 1805                        | 1,840*    | 1805      | 1,840*      |  |            |
| 1. BASIC FILING FEE   Large Entity   Small Entity   Small Entity   Small Entity   Small Entity   Small Entity   Small Entity   1253   950   2253   475   Extension for reply within second month   1254   1,480   2254   740   Extension for reply within fourth month   1254   1,480   2254   740   Extension for reply within fourth month   1255   2,010   2255   1,005   Extension for reply within fourth month   1255   2,010   2255   1,005   Extension for reply within fight month   1401   330   2402   170   Design filling fee   1402   330   2402   165   1608   16   |   | 4                           |           |           |             |  |            |
| Large Entity   Small Entity   Small Entity   Fee   Fee   Fee   Fee   Fee   Code   S   S   Code   Fee   Fee   Code   S   S  |   |                             | 110       | 2251      | 55          | Extension for reply within first month     |            |
| Total Claims   |   |                             |           |           |             |  |            |
| Code (\$)   Code (\$)   Code (\$)   Code (\$)   Extension for reply within fourth month   1255   2,010   2255   1,005   Extension for reply within fith month   1255   2,010   2255   1,005   Extension for reply within fith month   1401   330   2401   165   Notice of Appeal   330,000   1401   1302   1401   |   |                             |           |           | 475         | Extension for reply within third month     |            |
| 1002   340   2002   170   Design filing fee   1401   330   2401   165   Notice of Appeal   330.00  |   | 1254                        | 1,480     | 2254      | 740         | Extension for reply within fourth month    | 11         |
| 1003   530   2003   265   Plant filing fee   1402   330   2402   165   Filing a brief in support of an appeal   1403   290   2403   145   Request for oral hearing   1405   140   | 1001 770 2001 385 Utility filing fee                              |                             | -,-       |           | 1,005       | Extension for reply within fifth month     |            |
| 1004   770   2004   385   Reissue filing fee   1403   290   2403   145   Request for oral hearing   1451   1,510   1451   1,510   1451   1,510   1452   110   1452   110   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unintentional   RECEIVE   1501   1,330   2501   665   Utility issue fee (or reissue)   1502   480   2502   240   Design issue fee   1503   640   2503   320   Plant issue fee   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   1460   130   Petitions to the Commissioner Technology   CENTER R.   1502   1802  |   |                             |           |           |             |  | 0.00       |
| 1005 160 2005 80 Provisional filing fee  |   |                             |           |           |             |  |            |
| SUBTOTAL (1) (\$)  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE    Extra Claims   | 1000000   |                             |           |           |             |  |            |
| SUBTOTAL (1) (\$)  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Fee from below Fee Paid  Total Claims  -20**=  | 1005 160   2005 80 Provisional filing fee                         |                             |           |           |             |  |            |
| Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) CENTER RI  Large Entity   Small Entity   Fee   Fee   Fee   Fee   Code   (\$)   Fee   Code   (\$)   Fee   Fee   Code   (\$)   Fee  | SUBTOTAL (1) (\$)   |                             |           |           |             | Petition to revive – unavoidable           |            |
| Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) CENTER RI  Large Entity   Small Entity   Fee   Fee   Fee   Fee   Code   (\$)   Fee   Code   (\$)   Fee   Fee   Code   (\$)   Fee  |   | 4                           | •         | l .       |             | Utility issue fee (or reissue)             | <b>HEP</b> |
| Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) CENTER RI  Large Entity   Small Entity   Fee   Fee   Fee   Fee   Code   (\$)   Fee   Code   (\$)   Fee   Fee   Code   (\$)   Fee  | Fee from  | 1502                        | •         |           |             | Design issue fee                           | $^{\vee}$  |
| Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) CENTER RI  Large Entity   Small Entity   Fee   Fee   Fee   Fee   Code   (\$)   Fee   Code   (\$)   Fee   Fee   Code   (\$)   Fee  |   | 1                           |           |           |             | Plantingue for                             | 2004       |
| Fee Code (\$) Fee Code (\$) Fee Description  1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims in open control of a design application  1204 86 2204 43 **Reissue independent claims over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  1206 8021 40 8021 40 Recording each patent assignment per property (times number of properties)  1209 385 Filling a submission after final rejection (37 CFR 1.129(a))  1201 86 2201 43 Independent claims in excess of 3 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))  1201 86 2204 43 **Reissue independent claims over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent   | Independent 3**- X =  | 1                           |           |           |             | Petitions to the Commissioner              | .004       |
| Fee Code (\$) Fee Code (\$) Fee Description  1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims in open control of a design application  1204 86 2204 43 **Reissue independent claims over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  1206 8021 40 8021 40 Recording each patent assignment per property (times number of properties)  1209 385 Filling a submission after final rejection (37 CFR 1.129(a))  1201 86 2201 43 Independent claims in excess of 3 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))  1201 86 2204 43 **Reissue independent claims over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent   | Ciallis   | -                           |           |           |             | Processing fee under 37 CEP 4 17/5 NOLOGY  | _          |
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| Code   (\$)   Code   Code   (\$)   Code   (\$)   Code   Code   Code   (\$)   Code   Code | Fee Fee Fee Fee Description                                       |                             |           |           |             | Submission of information disclosure Still | ▮          |
| 1201   86   2201   43   Independent claims in excess of 3   1810   770   2810   385   For each additional invention to be examined (37 CFR 1.129(b))   1203   290   2203   145   Multiple dependent claim, if not paid   1801   770   2801   385   Request for Continued Examination (RCE)   1204   86   2204   43   **Reissue independent claims over original patent   1802   900   1802   900   8equest for expedited examination of a design application   1802   900   900   | Code (\$)   Code (\$)   | 502                         | 40        | 0021      | 40          |  |            |
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| over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent   |   | 1801                        | 770       | 2801      | 385         | Request for Continued Examination (RCE)    |            |
| 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent   |   | 1802                        | 900       | 1802      | 900         |  |            |
|  | 1205 18 2205 9 **Reissue claims in excess of 20                   |                             |           | 1         |             | S. a sosign approach                       |            |
| SUBTOTAL (2) (\$) Other fee (specify)  | SUBTOTAL (2) (\$)   | Other                       | fee (spe  | cify)     | <del></del> |  |            |
| ** or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 330.00  | ** or number previously paid, if greater; For Reissues, see above | *Reduc                      | ed by Bas | ic Filing | Fee Paid    | SUBTOTAL (3) (\$) 330.00                   |            |

| SUBMITTED BY Complete (if applicable) |                    |                                      |        | f applicable) |              |
|---------------------------------------|--------------------|--------------------------------------|--------|---------------|--------------|
| Name (Print/Type)                     | William E. Bradley | Registration No.<br>(Attorney/Agent) | 42,355 | Telephone     | 202-331-8777 |
| Signature                             | 12.7. Sulle        | 4                                    |        | Date          | 6/8/04       |

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